

# Exhibit A



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February 27, 2020

TO ALL PLAINTIFFS' COUNSEL FOR ANY  
CLAIMANT IN ANY OPIOID-RELATED  
LITIGATION AGAINST PURDUE, INCLUDING  
COUNSEL FOR PLAINTIFFS IN *In re National  
Prescription Opiate Litigation*, Case No. 17-MD-  
02804, MDL No. 2804 (N.D. Ohio)

**RE: Proofs of Claim Instructions & Guidance In Connection With *In Re Purdue Pharma, L.P., et al.*, Case No. 19-23649 (RDD) (Bankr. S.D.N.Y.)**

Dear Counsel & Plaintiffs:

Brown Rudnick LLP ("**Brown Rudnick**") has been retained by the ad hoc committee of governmental and other contingent litigation claimants supporting the Purdue settlement framework (collectively the "**Ad Hoc Committee**") in the bankruptcy cases filed by defendant Purdue Pharma, L.P. and its affiliates. See *In Re Purdue Pharma, L.P., et al.*, Case No. 19-23649 (RDD) (Bankr. S.D.N.Y.) (the "**Purdue Bankruptcy Cases**" and "**Bankruptcy Court**"). The Ad Hoc Committee consists of (i) ten States, (ii) the court-appointed Plaintiffs' Executive Committee (the "**PEC**") in the multi-district litigation captioned *In re National Prescription Opiate Litigation*, Case No. 17-md-02804, MDL No. 2804 (N.D. Ohio) (the "**Opioid MDL**"), (iii) six local governments with claims within and outside the Opioid MDL, and (iv) one federally recognized American Indian Tribe.<sup>1</sup>

The Purdue Bankruptcy Cases commenced on September 15, 2019 (the "**Petition Date**"). On February 3, 2020, the Bankruptcy Court entered an order (the "**Bar Date Order**") establishing **5:00 p.m. (Prevailing Eastern Time) on June 30, 2020** (the "**Bar Date**") as the last date for each person or entity, **including cities, counties, municipalities, other local governments and Native American Tribes** (together, "**Governmental Claimants**"), to file a Proof of Claim with the Bankruptcy Court against any of the Purdue Debtors. It is very likely that only those individuals and entities that file a Proof of Claim will be able to vote on any plan of reorganization proposed by the Purdue Debtors. In addition, your failure to file a Proof of Claim may prevent you from sharing in distributions from the Purdue Debtors' bankruptcy estates. All claims that are not filed by the Bar Date will, absent unlikely court intervention, be forever barred against the Purdue Debtors. **As such, even if you have already filed a lawsuit against the Purdue Debtors, you must still file a Proof of Claim with the Bankruptcy Court (as directed below) before the Bar Date.**

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<sup>1</sup> In addition to the PEC, the Ad Hoc Committee members are: (i) State of Florida; (ii) State of Georgia; (iii) State of Louisiana; (iv) State of Michigan; (v) State of Mississippi; (vi) State of New Mexico; (vii) State of Ohio; (viii) State of Tennessee; (ix) State of Texas; (x) State of Utah; (xi) Broward County, FL; (xii) City of Chicago, IL; (xiii) Huntington/Cabell County, WV; (xiv) King County, WA; (xv) Muscogee (Creek) Nation; (xvi) City of Philadelphia, PA; and (xvii) Santa Clara County, CA.



The Bar Date Order establishes the form and procedure by which individuals, entities and Governmental Claimants must file their Proofs of Claim ahead of the Bar Date. In order to assist Plaintiffs and their counsel in timely filing their Proofs of Claim, we have prepared the following instructions and templates:

**I. STEP ONE. Determine Which Proof Of Claim Form(s) You Need.**

Given the complexity and breadth of lawsuits filed in the Opioid MDL that have followed the Purdue Debtors into bankruptcy, the Bankruptcy Court has approved and requires the use of three (3) distinct Proof of Claim Forms to be used in these Purdue bankruptcy cases:

- (i) **Governmental Opioid Claimant Proof of Claim Form (For Governmental Claimants):** If you are a city, county, municipality, local government, other governmental unit or a Native American Tribe, and you have a claim against the Purdue Debtors based on or involving opioids or their production, marketing and sale, you must file a proof of claim form that is (or is substantially similar to) the Governmental Opioid Claimant Proof of Claim Form.
- (ii) **General Opioid Claimant Proof of Claim Form (For Hospitals, Third Party Payors, and other Private Claimants who are not Personal Injury Claimants):** If you are a person or entity, other than Governmental Claimant or Personal Injury victim, and you have a claim against the Debtors based on or involving opioids or their production, marketing and sale, excluding claims for personal injury, you must file a proof of claim form that is (or is substantially similar to) the General Opioid Claimant Proof of Claim Form. Hospitals, insurers, third-party payors, or insureds seeking damages for an injury other than a personal injury—a financial or economic injury, for instance—must file the General Opioid Claimant Proof of Claim Form. If you have a claim against the Purdue Debtors based on non-opioid-related injuries or harm, in addition to your claim based on the Purdue Debtors' production, marketing and sale of Purdue Opioids, you may include those claims on the General Opioid Claimant Proof of Claim Form by filling out Part 4 on the General Opioid Claimant Proof of Claim Form.
- (iii) **Personal Injury Claimant Proof of Claim Form (For Personal Injury Claimants):** If you have a claim against any of the Purdue Debtors based on your own personal injury or another person's personal injury (for example, you are filing on behalf of a deceased or incapacitated individual or a minor) related to the taking of an opioid for which you believe Purdue is responsible for your damages, you must file a proof of claim form that is (or is substantially similar to) the Personal Injury Claimant Proof of Claim Form. Individuals seeking damages for death, addiction or dependence, lost wages, loss of consortium, or Neonatal Abstinence Syndrome ("NAS"), regardless of the legal cause of action (fraud, negligence, misrepresentation, conspiracy, etc.), must also file the Personal Injury Claimant Proof of Claim Form.



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If you have a claim against the Debtors based on the Debtors' production, marketing and sale of Purdue Opioids, in addition to your claim based on personal injury as a result of taking a Purdue Opioid or another opioid, you may include those claims on the Personal Injury Claimant Proof of Claim Form by completing Part 5 of the Personal Injury Claimant Proof of Claim Form. **All Personal Injury Claimant Proof of Claim Forms and any supporting documentation submitted with those forms shall remain highly confidential and shall not be made available to the public. Only your claim number, your claim amount, and the total number of claims filed will be made publicly available.**

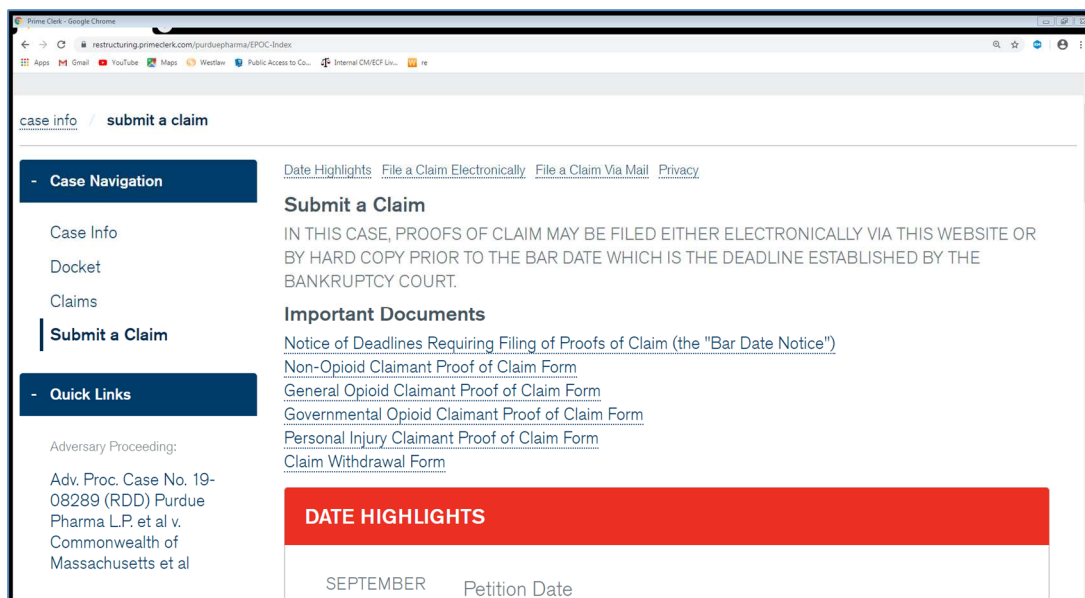
It is imperative that you identify which Proof of Claim Form listed above matches your claim as all claim forms that are not Personal Injury Claimant Proof of Claim Forms will be made publicly available on the Prime Clerk website. To be clear, any Governmental Opioid Claimant Proof of Claim Form and General Opioid Claimant Proof of Claim Form that is filed will be made publicly available. However, any plaintiff fact sheet that you submitted with the Opioid MDL that you permit to be included with a Governmental Opioid Claimant Proof of Claim Form, will be held confidential subject to the protective order entered in the Bankruptcy Cases and only shared with parties to the protective order. *See* Protective Order, Docket No. 784.

## **II. STEP TWO. Obtain Your Necessary Proof Of Claim Form(s).**

Those of you, as either underlying Plaintiffs or their counsel, who have filed lawsuits naming a Purdue entity as a defendant prior to the Petition Date should have received the appropriate Proof of Claim Form and a copy of the Bar Date Notice by first-class mail by the time you are in receipt of this letter. If you have not received a Proof of Claim Form or if you have not filed a lawsuit against a Purdue entity prior to the bankruptcy, the three (3) distinct types of Proof of Claim Forms for claimants in the Opioid MDL (the Governmental Opioid Claimant Proof of Claim Form, Personal Injury Claimant Proof of Claim Form, and the General Opioid Claimant Proof of Claim Form) are available for download or electronic submission on Prime Clerk's website located at <http://PurduePharmaClaims.com> under the link titled "Submit a Claim."



TO ALL PLAINTIFFS' COUNSEL FOR ANY CLAIMANT IN ANY OPIOID-RELATED LITIGATION AGAINST PURDUE, INCLUDING COUNSEL FOR PLAINTIFFS IN In re National Prescription Opiate Litigation, Case No. 17-MD-02804, MDL No. 2804 (N.D. Ohio)  
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### III. STEP THREE. Know Where And How To Submit Your Proof Of Claim.

All claimholders must file their Proof of Claim digitally, by mail or by hand delivery as follows:

- i. **Electronically:** via the website established by Prime Clerk, via the link entitled “Submit a Claim” located at <http://PurduePharmaClaims.com> and following the instructions provided.
- ii. **First Class Mail:**  
Purdue Pharma Claims Processing Center  
c/o Prime Clerk LLC  
Grand Central Station, PO Box 4850  
New York, NY 10163-4850
- iii. **Overnight Mail:**  
Purdue Pharma Claims Processing Center  
c/o Prime Clerk LLC  
850 Third Avenue, Suite 412  
Brooklyn, NY 11232
- iv. **Hand Delivery:**<sup>2</sup>  
Purdue Pharma Claims Processing Center  
c/o Prime Clerk LLC  
850 Third Avenue, Suite 412  
Brooklyn, NY 11232

<sup>2</sup> The Order provides that you may also send proofs of claim to the Bankruptcy Court. We do not recommend delivering proofs of claim to the Bankruptcy Court.



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While the Bar Date for all claimholders is set for June 30, 2020, we encourage all claimholders to file their Proof of Claim by June 12, 2020. Any Proof of Claim delivered by hand to the Bankruptcy Court that contains confidential information must be delivered in an envelope marked "CONFIDENTIAL." Proofs of Claim may not be delivered by facsimile, telecopy, or electronic mail transmission.

#### **IV. STEP FOUR. Filling Out Your Proof Of Claim.**

We have provided completed Proof of Claim Forms for your reference and guidance as you fill out your forms (herein attached as **Templates 1-3**):

- **Governmental Claimants** that have filed a complaint and plaintiff fact sheet in MDL 2804 or have a pending complaint in another forum should reference **Template 1**.
- **Governmental Claimants** that do not have a pending complaint against one or more of the Purdue Debtors, either in MDL 2804 or any other forum, should reference **Template 1A**.
- **General Opioid Claimants** that have a pending complaint (whether it's in MDL 2804 or in another forum) asserting both opioid-related and non-opioid-related claims against the Purdue Debtors should reference **Template 2**.
- **General Opioid Claimants** that have a pending complaint (whether it's in MDL 2804 or in another forum) asserting only opioid-related claims against the Purdue Debtors should reference **Template 2A**.
- **Personal Injury Claimants** that have a pending complaint (whether it's in MDL 2804 or in another forum) asserting personal injury claims, including lost wages, loss of consortium, or Neonatal Abstinence Syndrome, against one or more of the Purdue Debtors should reference **Template 3**.
- **Personal Injury Claimants** that have a pending complaint (whether it's in MDL 2804 or in another forum) asserting personal injury claims and claims based on Purdue's production, marketing and sale of opioids should reference **Template 3A**.

If you are unsure or unable to answer any specific question in your Proof of Claim Form, you may amend your claim information at a later date. **It is more important that you submit and file your Proof of Claim Form by the Bar Date.**

**Electronic Filing System:** in order to file your Proof of Claim digitally, you must visit the Prime Clerk website and the link entitled "Submit a Claim" available at <http://PurduePharmaClaims.com>. You may, but are not required to upload any documents (fact sheets, complaints, medical records, etc....) on which your claim is based. It is our recommendation that you provide such supporting documentation to your Proof of Claim.

- (i) After you click the "Submit A Claim" link, scroll down and you will need to enter your name, an email address, and the security phrase that appears on the screen:



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- (ii) Next, you will go to an “Electronic Proof of Claim Agreement” page. You will need to scroll all the way down and “check” the agreement box before you are allowed to proceed with the actual claim processing submission page.
- (iii) You will then be given the option to select from the Proof of Claim Forms already discussed: the Governmental Opioid Claimant Proof of Claim Form, Personal Injury Claimant Proof of Claim Form, and the General Opioid Claimant Proof of Claim Form. Select your desired Proof of Claim Form.
- (iv) At this point, you should be viewing a digital fill-in version of the physical forms that were mailed out to each Plaintiff and Counsel. Please reference the attached **Templates** to this letter to see how and what information is required for your particular Proof of Claim:

- (v) Please note that the attached Templates are merely for reference. To the extent that a Template describes something inconsistent with how you would characterize your claim or otherwise fill out the claim, please adjust accordingly.





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- (vi) All Proof of Claim Forms must be signed (physically or digitally) by the claimant or such individual authorized to act on behalf of the claimant. If the claimant is not an individual, an authorized agent of the claimant (such as the claimant's lawyer) must sign the claim form. It must be written in English and be denominated in United States currency. Proofs of Claim will be deemed filed only when filed on or before the Bar Date.

**Hard Paper Filing System:** You may but are not required to attach copies of any documents (fact sheets, complaints, medical records, etc.) on which your claim is based. It is our recommendation that you provide such supporting documentation along with your Proof of Claim. However, as discussed in the Templates, for those claimants with filed Complaints or Plaintiff Fact Sheets (filed with the MDL), you need not physically attach such documents and may check the applicable box and fill in the "caption" and date of filing such Complaints or Plaintiff Fact Sheet to satisfy the submission requirements. Do not send or attach original documents with your Proof of Claim Form(s) under any circumstance.

- (i) All Proof of Claim Forms must be signed (physically or digitally) by the claimant or such individual authorized to act on behalf of the claimant. If the claimant is not an individual, an authorized agent of the claimant (such as the claimant's lawyer) must sign the claim form. It must be written in English and be denominated in United States currency.
- (ii) Proofs of Claim will be deemed filed only when received at the addresses listed above in STEP THREE on or before the Bar Date.
- (iii) Please reference the attached **Templates** to this letter to see how and what information is required for your particular Proof of Claim.
- (iv) Please note that the attached Templates are merely for reference. To the extent that a Template describes something inconsistent with how you would characterize your claim or otherwise fill out the claim, please adjust accordingly.

#### **V. STEP FIVE (OPTIONAL). Filing Consolidated Claims**

Pursuant to the Bar Date Order, for administrative efficiency the Ad Hoc Committee is authorized to file a Consolidated Claim on behalf of Governmental Claimants who become Consenting Claimants.

In the case of **Governmental Claimants**, the Consolidated Claim must consist of either (i) individual Proof of Claim Forms for each governmental member or (ii) a summary describing the collection claim/theories, any claims/theories specific to an individual state, federal district, or territory, and the amount of the claim (which may include unliquidated claim amounts). The Ad Hoc Committee will be providing further communications regarding whether it intends to file a Consolidated Claim and instructions on how to participate.

If any counsel or Plaintiff has questions or needs assistance in preparing or filing their Proof of Claim, they may contact Gerard Cicero ([gcicero@brownrudnick.com](mailto:gcicero@brownrudnick.com), 212.209.4939) and David Molton ([dmolton@brownrudnick.com](mailto:dmolton@brownrudnick.com), 212.209.4822).





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Sincerely,  
**BROWN RUDNICK LLP**

*/s/ David J. Molton*

David J. Molton

**TEMPLATE 2**

**General Opioid Claimant Proof of Claim Form**

**(For General Opioid Claimants That Have a Pending Complaint in MDL 2804)**

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

In re:

PURDUE PHARMA L.P., *et al.*,  
  
Debtors.

Chapter 11

Case No. 19-23649 (RDD)  
  
(Jointly Administered)

## General Opioid Claimant Proof of Claim Form

You may file your claim electronically at [PurduePharmaClaims.com](https://PurduePharmaClaims.com) via the link entitled "Submit a Claim."

For questions regarding this Proof of Claim Form, please call Prime Clerk at (844) 217-0912 or visit [PurduePharmaClaims.com](https://PurduePharmaClaims.com).

Read the instructions at the end of this document before filling out this form. This form is for any person or entity, other than a governmental unit or Native American Tribe, to assert a general unsecured claim against the Debtors based on or involving opioids or their production, marketing and sale, including without limitation, the Debtors' production, marketing and sale of Purdue Opioids, excluding claims for personal injury.

**Do not** use this form to assert a claim against the Debtors seeking damages based on personal injury related to the taking of a Purdue Opioid and/or the taking of another opioid for which You believe Purdue is responsible for Your damages. File such claims on a Personal Injury Claimant Proof of Claim Form.

**Do not** use this form to assert any other pre-petition claims, including secured claims or claims entitled to priority under 11 U.S.C. § 507(a). Secured claims, claims entitled to priority under 11 U.S.C. § 507(a), and non-opioid related claims should be filed on a Non-Opioid Claimant Proof of Claim Form (Form 410). However, if You have a claim against the Debtors based on non-opioid-related injuries or harm, in addition to Your claim based on or involving the Debtors' production, marketing and sale of Purdue Opioids, You may include information related to that claim on the General Opioid Claimant Proof of Claim Form by completing Part 4 of this form.

Creditor (also referred to as "You" throughout) shall provide information responsive to the questions set forth below. Instructions and Definitions are provided at the end of this document. You shall provide information reasonably available to You and are not excused from providing the requested information for failure to appropriately investigate Your claim. Creditor shall supplement its responses if it learns that they are incomplete or incorrect in any material respect.

**You must leave out or redact** information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim. **Do not send original documents** as they will not be returned, and they may be destroyed after scanning.

**Fill in all the information about the claim as of September 15, 2019, the Petition Date.** You may also fill in information regarding any claims You believe You may have after September 15, 2019 on this form. This form should be completed to the best of Your ability with the information available to You. If You are unable to answer certain questions at this time, the absence of an answer, by itself, will not result in the denial of Your claim, though You may be asked or required to provide additional information at a later date. You may also amend or supplement Your claim after it is filed.

### Part 1: Identify the Claim

<b>1. Who is the current creditor?</b>		<b>[Insert Name of MDL Plaintiff]</b>	
		Name of the individual or entity to be paid for this claim. If the creditor is a minor (under 18), please provide only the minor's initials. Other names the creditor used with the debtor, including maiden, d/b/a/, or other names used:	
<b>2. Describe the creditor making the claim.</b>		<div><input type="checkbox"/> Individual <input type="checkbox"/> Hospital <input type="checkbox"/> Third Party Payor</div> <div><input type="checkbox"/> Retirement or Pension Fund Administrator <input type="checkbox"/> Pharmacy Benefit Manager <input type="checkbox"/> Other (describe):</div> <div><b>[CHOOSE ONE]</b> <b>[**Select what type of creditor you are**]</b></div>	
<b>3. Has this claim been acquired from someone else or some other entity?</b>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>4. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>		<b>Where should payments to the creditor be sent? (if different)</b>
	Insert Contact Information for Counsel to Plaintiff Here, with Attn: to an individual at the Firm		If payments are to be directed to Plaintiff directly, fill in Plaintiff contact information here
	Name _____		Name _____
	[Insert Firm Address] Number _____ Street _____		Number _____ Street _____
	[Insert Firm Address] City _____ State _____ ZIP Code _____		City _____ State _____ ZIP Code _____
	Contact phone [Insert Firm Phone Number] Contact email [Insert Firm Email]		Contact phone _____ Contact email _____

5. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	Filed on _____ <div style="text-align: right; font-size: small;">MM / DD / YYYY</div>
6. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**Part 2:** Attorney Information (Optional)

7. Are you represented by an attorney in this matter?	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. If yes, please provide the following information: <div style="background-color: yellow; padding: 2px; font-size: small;">[Insert Law Firm Name - please note that counsel representing you in the MDL may not be representing you in these Purdue bankruptcy cases; confer with your counsel]</div>
You do not need an attorney to file this form.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Law Firm Name</div> <div style="background-color: yellow; padding: 2px; font-size: small;">[Insert Attorney Name]</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Attorney Name</div> <div style="background-color: yellow; padding: 2px; font-size: small;">[Insert Firm Address]</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Address</div> <div style="background-color: yellow; padding: 2px; font-size: small;">[Insert Firm Address]</div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="border-bottom: 1px solid black; width: 30%;">City</div> <div style="border-bottom: 1px solid black; width: 30%;">State</div> <div style="border-bottom: 1px solid black; width: 30%;">ZIP Code</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 40%;">Contact phone</div> <div style="border-bottom: 1px solid black; width: 40%;">Contact email</div> </div> <div style="background-color: yellow; padding: 2px; font-size: small; margin-top: 5px;">[Insert Firm Phone Number]</div> <div style="background-color: yellow; padding: 2px; font-size: small; margin-top: 5px;">[Insert Firm Email]</div>

**Part 3:** Information as of September 15, 2019, the Petition Date, About Your Claim

8. Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
9. How much is the claim?	<div style="background-color: yellow; padding: 2px; font-size: small;">\$ [Unliquidated, *See Attached Addenda and Attachments]</div> or <input type="checkbox"/> Unknown.
10. When do You allege You were first injured as a result of the Debtors' alleged conduct?	<div style="background-color: yellow; padding: 2px; font-size: small;">[*See Attached Complaint]</div> <div style="text-align: center; margin-top: 10px;">       _____ / _____        Month                      Year     </div>
11. Describe the conduct of the Debtors You allege resulted in injury or damages to You.	<div style="background-color: yellow; padding: 2px; font-size: small;">[*See Attached Complaint]</div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>

Attach additional sheets if necessary.

12. Describe all alleged causes of action, sources of damages, legal theories of recovery, etc. that You are asserting against the Debtors.

[\*See Attached Complaint]

Attach additional sheets if necessary.

13. Please identify and quantify each category of damages or monetary relief that You allege, including all injunctive relief that You seek (for example, actual damages, compensatory damages, punitive damages, and/or penalty damages).

[\*See Attached Complaint. Unliquidated]

Please attach all supporting documentation including, but not limited to, any records supporting Your claims of damages, if You would like (but You are not required), to supplement this proof of claim. Do not include medical records.

14. Have you ever filed a lawsuit against any of the Debtors at any time?

☐ No

☒ Yes. If yes, please provide the following information and attach supporting documentation:

Case Caption:

[Insert Case Caption] [\*See Attached Complaint]

[Insert Court and Case Docket Information]

Court and Case/Docket Number:

Attorney Information:

[Insert Law Firm Representing Plaintiff in Attached Complaint]

Law Firm Name

[Insert Counsel's Name]

Attorney Name

[Insert Law Firm Address]

Address

[Insert Law Firm Address]

City

State

ZIP Code

Contact phone

[Insert Firm Phone Number]

Contact email

[Insert Firm Email]

**Part 4:** Non-Opioid-Related Claims

<b>15. Do You believe You have any claims against the Debtors based on <u>non-opioid-related</u> claims or harm?</b>	<input type="checkbox"/> No.
	<input checked="" type="checkbox"/> Yes. If yes, please describe the nature of the claim(s) (Attach additional sheets if necessary).
	<u>[*See Attached Complaint]</u>
<b>16. How much is the claim?</b>	\$ <u>[Unliquidated, *See Attached Addenda and Attachments]</u> or
	<input type="checkbox"/> Unknown.

**Part 5:** Sign Below

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.**

Check the appropriate box:

- ☐ I am the creditor.
- ☒ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date [Insert Date] (mm/dd/yyyy)

[Attorney for Plaintiff's Signature]

Signature

**Print the name of the person who is completing and signing this claim:**

[Attorney for Plaintiff's Contact Information]

Name	<u>[Attorney for Plaintiff's Contact Information]</u>		
	First name	Middle name	Last name
Title	<u>[Attorney for Plaintiff's Contact Information]</u>		
Company	<u>[Attorney for Plaintiff's Contact Information]</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
	<u>[Attorney for Plaintiff's Contact Information]</u>		
Address	<u>[Attorney for Plaintiff's Contact Information]</u>		
	Number	Street	
	<u>[Attorney for Plaintiff's Contact Information]</u>		
	City	State	ZIP Code

## Instructions for General Opioid Proof of Claim Form

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These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  
18 U.S.C. §§ 152, 157 and 3571.

### How to fill out this form

- Fill in all of the information about the claim as of the date the bankruptcy case was filed, September 15, 2019. You may also fill in information regarding any claims you believe you may have after September 15, 2019 on this form.
- If the claim has been acquired from someone else, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- **Attach any supporting documents to this form.**  
Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *redaction* on the next page.)  
  
Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called “Bankruptcy Rule”) 3001(c) and (d).
- **Do not attach original documents because they will not be returned and may be destroyed after scanning.**
- If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.
- **A Proof of Claim form and any attached documents must show only the last 4 digits of any social security number, individual’s tax identification number, or financial account number, and only the year of any person’s date of birth.** See Bankruptcy Rule 9037.
- **For a minor child, fill in only the child’s initials and the full name and address of the child’s parent or guardian.** For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.

- Each question in this proof of claim form should be construed independently, unless otherwise noted. No question should be construed by reference to any other question if the result is a limitation of the scope of the answer to such question.
- The questions herein do not seek the discovery of information protected by the attorney-client privilege.
- The words “and” and “or” should be construed as necessary to bring within the scope of the request all responses and information that might otherwise be construed to be outside its scope.
- After reviewing this form and any supporting documentation submitted with this form, additional information and documentation may be requested.
- **Purdue Pharma (Canada) is not a debtor in this case. If Your claim is against only Purdue Pharma (Canada), You do not have a claim in this case and should not file and submit this form.**

### Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent's website at [PurduePharmaClaims.com](https://PurduePharmaClaims.com).

### Understand the terms used in this form

**Claim:** A creditor’s right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

**Creditor:** A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

**Debtor:** A person, corporation, or other entity who is in bankruptcy. Use the debtor’s name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).



**Information that is entitled to privacy:** A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

**Priority claim:** A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. § 507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

**Proof of claim:** A form that shows the amount of debt the debtor owed to a creditor on the date of the bankruptcy filing. The form must be filed in the district where the case is pending.

**Purdue Opioid** means all natural, semi-synthetic or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and that are approved by the U.S. Food & Drug Administration (FDA) and listed by the DEA as Schedule II or III drugs pursuant to the federal Controlled Substances Act, produced, marketed or sold by the Debtors as (i) the following **Brand Name Medications:** OxyContin®, Hysingla ER®, Butrans®, Dilaudid®, Ryzolt, MS Contin®, MSIR®, Palladone®, DHC Plus®, OxyIR®, and OxyFast®, and (ii) the following **Generic Medications:** oxycodone extended-release tablets, buprenorphine transdermal system, hydromorphone immediate-release tablets, hydromorphone oral solution, tramadol extended-release tablets, morphine extended-release tablets, oxycodone immediate-release tablets, oxycodone and acetaminophen tablets (generic to Percocet®), hydrocodone and acetaminophen tablets (generic to Vicodin® or Norco®). The term "Purdue Opioid(s)" shall not mean: (i) medications and other substances to treat opioid or other substance use disorders, abuse, addiction or overdose; (ii) raw materials and/or immediate precursors used in the manufacture or study of opioids or opioid products, but only when such materials and/or immediate precursors are sold or marketed exclusively to DEA-licensed manufacturers or DEA-licensed researchers; or (iii) opioids listed by the DEA as Schedule IV drugs pursuant to the federal Controlled Substances Act.

**Redaction of information:** Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to **privacy** on the *Proof of Claim* form and any attached documents.

**Secured claim under 11 U.S.C. § 506(a):** A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of § 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

**Unsecured claim:** A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

### Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

### Please send completed Proof(s) of Claim to:

#### If by first class mail:

Purdue Pharma Claims Processing Center  
c/o Prime Clerk LLC  
Grand Central Station, PO Box 4850  
New York, NY 10163-4850

#### If by overnight courier or hand delivery:

Purdue Pharma Claims Processing Center  
c/o Prime Clerk LLC  
850 Third Avenue, Suite 412  
Brooklyn, NY 11232

You may also file your claim electronically at

[PurduePharmaClaims.com](https://PurduePharmaClaims.com) via the link entitled "Submit a Claim."

**Do not file these instructions with your form**

**TEMPLATE 2A**

**General Opioid Claimant Proof of Claim Form**

**(For General Opioid Claimants That Have A Pending Complaint For Only Opioid-Related  
Claims Against The Purdue Debtors)**

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

In re:

PURDUE PHARMA L.P., *et al.*,  
  
Debtors.

Chapter 11

Case No. 19-23649 (RDD)  
  
(Jointly Administered)

## General Opioid Claimant Proof of Claim Form

You may file your claim electronically at [PurduePharmaClaims.com](http://PurduePharmaClaims.com) via the link entitled "Submit a Claim."

For questions regarding this Proof of Claim Form, please call Prime Clerk at (844) 217-0912 or visit [PurduePharmaClaims.com](http://PurduePharmaClaims.com).

Read the instructions at the end of this document before filling out this form. This form is for any person or entity, other than a governmental unit or Native American Tribe, to assert a general unsecured claim against the Debtors based on or involving opioids or their production, marketing and sale, including without limitation, the Debtors' production, marketing and sale of Purdue Opioids, excluding claims for personal injury.

**Do not** use this form to assert a claim against the Debtors seeking damages based on personal injury related to the taking of a Purdue Opioid and/or the taking of another opioid for which You believe Purdue is responsible for Your damages. File such claims on a Personal Injury Claimant Proof of Claim Form.

**Do not** use this form to assert any other pre-petition claims, including secured claims or claims entitled to priority under 11 U.S.C. § 507(a). Secured claims, claims entitled to priority under 11 U.S.C. § 507(a), and non-opioid related claims should be filed on a Non-Opioid Claimant Proof of Claim Form (Form 410). However, if You have a claim against the Debtors based on non-opioid-related injuries or harm, in addition to Your claim based on or involving the Debtors' production, marketing and sale of Purdue Opioids, You may include information related to that claim on the General Opioid Claimant Proof of Claim Form by completing Part 4 of this form.

Creditor (also referred to as "You" throughout) shall provide information responsive to the questions set forth below. Instructions and Definitions are provided at the end of this document. You shall provide information reasonably available to You and are not excused from providing the requested information for failure to appropriately investigate Your claim. Creditor shall supplement its responses if it learns that they are incomplete or incorrect in any material respect.

**You must leave out or redact** information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim. **Do not send original documents** as they will not be returned, and they may be destroyed after scanning.

**Fill in all the information about the claim as of September 15, 2019, the Petition Date.** You may also fill in information regarding any claims You believe You may have after September 15, 2019 on this form. This form should be completed to the best of Your ability with the information available to You. If You are unable to answer certain questions at this time, the absence of an answer, by itself, will not result in the denial of Your claim, though You may be asked or required to provide additional information at a later date. You may also amend or supplement Your claim after it is filed.

### Part 1: Identify the Claim

1. Who is the current creditor?	<b>[Insert Name of MDL Plaintiff]</b> Name of the individual or entity to be paid for this claim. If the creditor is a minor (under 18), please provide only the minor's initials. Other names the creditor used with the debtor, including maiden, d/b/a/, or other names used:	
2. Describe the creditor making the claim.	<input type="checkbox"/> Individual <input type="checkbox"/> Hospital <input type="checkbox"/> Third Party Payor	<input type="checkbox"/> Retirement or Pension Fund Administrator <input type="checkbox"/> Pharmacy Benefit Manager <input type="checkbox"/> Other (describe): <b>[CHOOSE ONE]</b> <b>[**Select what type of creditor you are**]</b>
3. Has this claim been acquired from someone else or some other entity?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
4. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b> <b>[Insert Contact Information for Counsel to Plaintiff Here, with Attn: to an individual at the Firm]</b> Name _____ <b>[Insert Firm Address]</b> Number _____ Street _____ <b>[Insert Firm Address]</b> City _____ State _____ ZIP Code _____ Contact phone <b>[Insert Firm Phone Number]</b> Contact email <b>[Insert Firm Email]</b>	<b>Where should payments to the creditor be sent? (if different)</b> <b>[If payments are to be directed to Plaintiff directly, fill in Plaintiff contact information here]</b> Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Contact phone _____ Contact email _____

5. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	Filed on _____ MM / DD / YYYY
6. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**Part 2:** Attorney Information (Optional)

7. Are you represented by an attorney in this matter?	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. If yes, please provide the following information: <div style="background-color: yellow; padding: 2px; margin: 5px 0;">[Insert Law Firm Name - please note that counsel representing you in the MDL may not be representing you in these Purdue bankruptcy cases; confer with your counsel]</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Law Firm Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">[Insert Attorney Name]</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Attorney Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">[Insert Firm Address]</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Address</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">[Insert Firm Address]</div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span style="border-bottom: 1px solid black; width: 30%;">City</span> <span style="border-bottom: 1px solid black; width: 30%;">State</span> <span style="border-bottom: 1px solid black; width: 30%;">ZIP Code</span> </div> <div style="display: flex; justify-content: space-between;"> <span style="border-bottom: 1px solid black; width: 40%;">Contact phone [Insert Firm Phone Number]</span> <span style="border-bottom: 1px solid black; width: 40%;">Contact email [Insert Firm Email]</span> </div>
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**Part 3:** Information as of September 15, 2019, the Petition Date, About Your Claim

8. Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
9. How much is the claim?	\$ [Unliquidated, *See Attached Addenda and Attachments] or <input type="checkbox"/> Unknown.
10. When do You allege You were first injured as a result of the Debtors' alleged conduct?	[*See Attached Complaint] <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 15%; text-align: center;">Month</div> <div style="margin: 0 5px;">/</div> <div style="border-bottom: 1px solid black; width: 15%; text-align: center;">Year</div> </div>
11. Describe the conduct of the Debtors You allege resulted in injury or damages to You.	[*See Attached Complaint] <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>

Attach additional sheets if necessary.

<p><b>12. Describe all alleged causes of action, sources of damages, legal theories of recovery, etc. that You are asserting against the Debtors.</b></p> <p>Attach additional sheets if necessary.</p>	<p style="text-align: center;">[*See Attached Complaint]</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>13. Please identify and quantify each category of damages or monetary relief that You allege, including all injunctive relief that You seek (for example, actual damages, compensatory damages, punitive damages, and/or penalty damages).</b></p> <p>Please attach all supporting documentation including, but not limited to, any records supporting Your claims of damages, if You would like (but You are not required), to supplement this proof of claim. <u>Do not</u> include medical records.</p>	<p style="text-align: center;">[*See Attached Complaint. Unliquidated]</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>14. Have you ever filed a lawsuit against any of the Debtors at any time?</b></p>	<div style="margin-bottom: 10px;"> <input type="checkbox"/> No         </div> <div> <input checked="" type="checkbox"/> Yes. If yes, please provide the following information and attach supporting documentation:         </div> <div style="margin-top: 10px;"> <p style="text-align: center;"> <input type="text" value="[*Insert Case Caption]"/> <input type="text" value="[*See Attached Complaint]"/> </p> <p><b>Case Caption:</b> _____</p> <p style="text-align: center;"> <input type="text" value="[*Insert Court and Case Docket Information]"/> </p> <p><b>Court and Case/Docket Number:</b> _____</p> <p><b>Attorney Information:</b></p> <div style="margin-left: 40px;"> <input type="text" value="[*Insert Law Firm Representing Plaintiff in Attached Complaint]"/> </div> <div style="margin-left: 40px;"> <input type="text" value="Law Firm Name"/> <input type="text" value="[*Insert Counsel's Name]"/> </div> <div style="margin-left: 40px;"> <input type="text" value="Attorney Name"/> <input type="text" value="[*Insert Law Firm Address]"/> </div> <div style="margin-left: 40px;"> <input type="text" value="Address"/> <input type="text" value="[*Insert Law Firm Address]"/> </div> <div style="margin-left: 40px;"> <input type="text" value="City"/> <input type="text" value="State"/> <input type="text" value="ZIP Code"/> </div> <div style="margin-left: 40px;"> <input type="text" value="Contact phone"/> <input type="text" value="[*Insert Firm Phone Number]"/> <input type="text" value="Contact email"/> <input type="text" value="[*Insert Firm Email]"/> </div> </div>

**Part 4:** Non-Opioid-Related Claims

15. Do You believe You have any claims against the Debtors based on non-opioid-related claims or harm?

☒ No.

☐ Yes. If yes, please describe the nature of the claim(s) (Attach additional sheets if necessary).

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16. How much is the claim?

\$ [Unliquidated, \*See Attached Addenda and Attachments] or

☐ Unknown.

**Part 5:** Sign Below

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.**

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date [Insert Date] (mm/dd/yyyy)

[Attorney for Plaintiff's Signature]

Signature

**Print the name of the person who is completing and signing this claim:**

[Attorney for Plaintiff's Contact Information]

Name

First name

Middle name

Last name

Title

[Attorney for Plaintiff's Contact Information]

Company

[Attorney for Plaintiff's Contact Information]

Identify the corporate servicer as the company if the authorized agent is a servicer.

[Attorney for Plaintiff's Contact Information]

Address

Number

Street

[Attorney for Plaintiff's Contact Information]

City

State

ZIP Code

## Instructions for General Opioid Proof of Claim Form

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These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  
18 U.S.C. §§ 152, 157 and 3571.

### How to fill out this form

- Fill in all of the information about the claim as of the date the bankruptcy case was filed, September 15, 2019. You may also fill in information regarding any claims You believe You may have after September 15, 2019 on this form.
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Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *redaction* on the next page.)  
  
Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called “Bankruptcy Rule”) 3001(c) and (d).
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### Please send completed Proof(s) of Claim to:

#### If by first class mail:

Purdue Pharma Claims Processing Center  
c/o Prime Clerk LLC  
Grand Central Station, PO Box 4850  
New York, NY 10163-4850

#### If by overnight courier or hand delivery:

Purdue Pharma Claims Processing Center  
c/o Prime Clerk LLC  
850 Third Avenue, Suite 412  
Brooklyn, NY 11232

You may also file your claim electronically at

[PurduePharmaClaims.com](https://www.purduepharmacclaims.com) via the link entitled "Submit a Claim."

**Do not file these instructions with your form**